

Incident Report

Print Date/Time: 01/28/2016 09:12

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00001695

Incident Date/Time: 1/27/2016 9:36:43 AM Location: 11504 26TH ST NE

LAKE STEVENS WA 98258

r: (252) 269-9601

Phone Number: (252
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens

 Source:
 911

 Priority:
 3

 Status:
 3

Nature of Call:

Unit/Personnel

Unit Personnel
19S10 SS0013-Brooks

Person(s)

No. Role Name Address Phone Race Sex DOB

1 Reporting Party RAIRDON, CRYSTAL

Vehicle(s)

Role Type Year Make Model Color License State

Disposition(s)

Disposition Count

R 1

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

01/27/2016: 10:19:28 SP0224 Narrative: RESCUE TOW ADV'D

01/27/2016: 10:17:40 SP0224 Narrative: 19s10 reqing cxl, ro wants to call their own tow

01/27/2016: 10:10:28 SP0371 Narrative: RESCUE TOWING - OWNER REQ

01/27/2016: 09:38:12 SP0181 Narrative: LR/181

01/27/2016: 09:37:48 SP0181 Narrative: CC, NON INJ, BLKING, STUDENT IN RED TK HIT PARKED SUV PARKED IFO LOC,

	STATE OF WASHINGTON POLICE TRAFFIC REPORT NO. E509895	0 4 27
	COLLISION REPORT 1591971 INTERSTATE CITY STREET IFIRE RESULTED CASE # 16-00001695	2
1 2	STATE ROUTE OTHER LOCAL AGENCY CODING	3
2 3	TRIBAL PRIVATE WAY INVOLVED TOTAL # OF UNITS 02 OBJECT STRUCK	1 8 28
3 1	RESERVATION	2
	DATE OF COLLISION 01 - 27 - 2016 0936 31 N S W OF W 0664	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
48	MILE POST 17500	0 1 29
58	DISTANCE OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET)	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET VES NO PHONE D: 4252491452	1 4 30
6 1	LAST NAME GREENE FIRST NAME JORDAN MIDDLE INITIAL B	
	STREET NEW ADDRESS 1702 99TH AVE SE	
7	CITY LAKE STEVENS ST WA ZIP 982581971	1 1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # GREENJB011KQ STATE WA SEX M D.O.B. MMDDVYVY 05 _ 18 _ 1999	3
10	ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	32
11 2 5	LICENSE C96725E STATE WA VIN# 1GDDC14K1LZ542858	2
12 0 0	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13 4	VEH. YEAR 1990 MAKE GMC MODEL C1PU STYLE PK VEHICLE TOWED YES NO PROPERTY OF TOWER BY REGISTERED OWNER INFO. GARY SCHELLENBERGER 1702 99TH AVE SE LAKE STEVENS WAS 98258 VEHICLE NO. 1	7 3 33
14	UABILITY INSURANCE INSURANCE CC 8 POLICY H SHADE IN DAMAGED AREA 1 SHADE IN DAMAGED AREA 2 TOP	FROM TO
15 2	VEHICLE YES NO CITATION # CHARGE	
16	UNIT 02 VEHICLE V CYCLE PEDESTRIAN OWNER VEST NO	35
	LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL	37
17	STREET NEW ADDRESS	38
18	CITY ST ZIP	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY	
21	ON DUTY STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET 9 INJURY 0 NATURE OF INJURIES	
22	LICENSE PLATE # ALV8688 STATE WA VIN# 1GNGK26J5XJ454437	
23	TRAILER PLATE # STATE STATE STATE	1 41
24	VEH. YEAR 1999 MAKE CHEV MODEL SUBSW STYLE UT VEHICLE TOWARD TOWARD BY REGISTERED OWNER INFO, JEANETTE LANGE 914 164TH ST SE MILL CREEK WA 98012 D: 4256222609 VEHICLE NO. 2	1 42
	SHADE IN DAMAGED AREA LIABILITY HISURANCE CO STATE FARM 122-9984-023-47B	
25	YES NO CITATION # CHARGE	
26	OFFICER'S NAME (PRINT) R. BROOKS BAGGE OR ID # WA0311900 AGENCY WA0311900	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E509895

CASE#	16-0
10/102 //	

00001695

			ADDIT	IONAL	PERSON	IS INVOL	VEC) (PASSENG	SERS A	ND/OR	TIW F	VESSE	S ON	ILY)					
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) GREENE R JUSTIN B																			
ADDRESS & PHONE # 1702 99TH AVE SE LAKE STEVENS WA 982581971 4252491452									SE	Х	D.C MMDD		5]-[18]-[1999		
PASSENGER 🗸	WITNESS UNI	T# 1	Ş	SEAT POS.	3	AIRBAG 1		RESTR. 4	EJE	:CT 1	l HE	LMET USE	2	INJUR' CLASS	[1		NATURE ()F INJU	RIES
NAME (LAST, FIRST, MIDDLE	INITIAL)																		
ADDRESS & PHONE #											SE	x	D.C MMDD]-[]-[
PASSENGER	WITNESS UNI	Т#		SEAT POS.		AIRBAG		RESTR.	EJE	ст		LMET USE		INJUR'S	ر ا		NATURE ()F INJU	RIES
NAME (LAST, FIRST, MIDDLE	INITIAL)																		
ADDRESS & PHONE #											SE	x	D.Q ммрр	.B. YYYY		-[]-[
PASSENGER	WITNESS UNI	Т#		SEAT POS.		AIRBAG		RESTR.	EJE	CT CT		LMET USE		INJUR'			NATURE (OF INJU	RIES
			-			l	NAI	RRATIV	E										
Unit 1 driver lost control of his vehicle as he was turning onto Eastbound 26th Street from Southbound 115 Ave. N.E. and struck a parked vehicle (Unit 2) that was facing toward the church located in the 11500 block of 26 St. N.E. Unit 2 was unoccupied and parked about 8 feet off of the roadway. There was significant damage to both vehicles. The driver of Unit 1 told me that he has a bald spot on one of his rear tires and that is what caused him to lose control. I did not see a bald spot on the tires. They appeared to have plenty of tread. Unit 1 is the causing vehicle for speed to fast.																			
R. BROOKS NVESTIGATING OF	FICER'S SIGNATUR	E	_	UNIT	OR DIST. D	ET	_	01-27-16 DATED	3 11:19	AM	-	PLAC	DE SIG	INED					
APPROVED BY R. BROOKS 0013	}									DAT		27/201	16 11:	19:30	4 <i>M</i>				
BADGE OR ID #	0013		ORI#	WA031	1900			ý	TIME PO	LICE DISPA	ATCHE	9:37	7 AM		TIME	POI	LICE ARF	RIVED	9:38 AM

 DATE AND TIME 01/27/16 09:36



